



PATIENT

This submitted study contained 9 videos and 33 still Images for review.

Sol Lee

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

14 years

WEIGHT

9.10

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Kim

INVOICE

12953

DATE

1/4/22

PRESENTING CLINICAL SIGNS

P arrived today after recheck from loose BM and not eating/drinking. Today, P was unable to use back legs and was lethargic. Normal CPL test and high blood pressure. Doctor wants STAT second opinion on abdominal ultrasound.

Abnormal PE/Chem/CBC/UA Results: Lasercyte: Test: RETIC, Result: 254.3 K/ μ L, Reference Interval: 10.0 - 110.0 HIGH Test: MONO, Result: 2.05 K/ μ L, Reference Interval: 0.30 - 2.00 HIGH Catalyst Dx: Test: PHOS, Result: 7.0 mg/dL, Reference Interval: 2.5 - 6.8 HIGH Test: ALT, Result: 504 U/L, Reference Interval: 10 - 125 HIGH Test: ALKP, Result: 1141 U/L, Reference Interval: 23 - 212 HIGH Test: GGT, Result: 19 U/L, Reference Interval: 0 - 11 HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.95 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured approximately 1.2 cm length x 0.39 cm width the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited subjective mild generalized enlargement and mild asymmetrical medial capsule contour with generalized splenic parenchyma heterogeneity. Potential reduced overall splenic parenchyma echogenicity was noted. Normal subjective splenic vascularity was present.

Liver/ Gallbladder

The liver exhibited generalized enlargement with normal overall hepatic parenchyma echogenicity exhibiting moderate coarse echotexture and evidence of parenchymal remodeling. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature



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were normal in appearance without signs of congestion. The gallbladder was non-distended in size. Mildly prominent to echogenic gallbladder walls were noted. Mild congealed yet nonorganized debris was noted primarily in the gallbladder neck. No overt evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with anechoic fluid and mild to moderate, retained, variably echogenic ingesta was present. The gastric body wall width measured 0.40 cm.

The visualized segments of small intestine were sonographically unremarkable exhibiting intact wall layering and maintained 1:3 muscularis / mucosa ratio. The duodenum wall width measured 0.38 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Suspect focal hepatic lymphadenopathy dorsal to the stomach adjacent to the portal vein measuring 1.5 cm x 0.66 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Subjective splenomegaly exhibiting nonhomogeneous parenchyma and subtle asymmetrical capsule margination
- Bilateral moderate chronic renal changes
- Hepatomegaly exhibiting parenchymal remodeling
- Suspect mild chronic cholecystitis with mild luminal debris (non-mucocele)
- Mild gastritis pattern with retained gastric ingesta
- Suspect focal hepatic lymphadenopathy - hyperplasia, lymphadenitis, or potential emerging neoplastic / metastatic lymphadenopathy possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatosplenic FNA using a 25-gauge needle is recommended for screening cytology primarily to differentiate between potential hepatosplenic Inflammation, other benign etiologies or potential hepatosplenic neoplasia.

Overt evidence of an intraabdominal tumor was not noted with suspected hepatomegaly surrounding the stomach. However, further evaluation of the cranial abdomen around the stomach and liver with submission of additional video clips could be considered. Likewise, additional Imaging of the right



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adrenal gland would be ideal to assess for potential a tumor, which may be responsible for increased blood pressure.

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An obvious cause of the patient's inability to use back legs was not definitively evident in this study. Thorough neurological examination is recommended. Empirically, continued as-needed gastrointestinal support +/- hepatosupportive medications may be considered.

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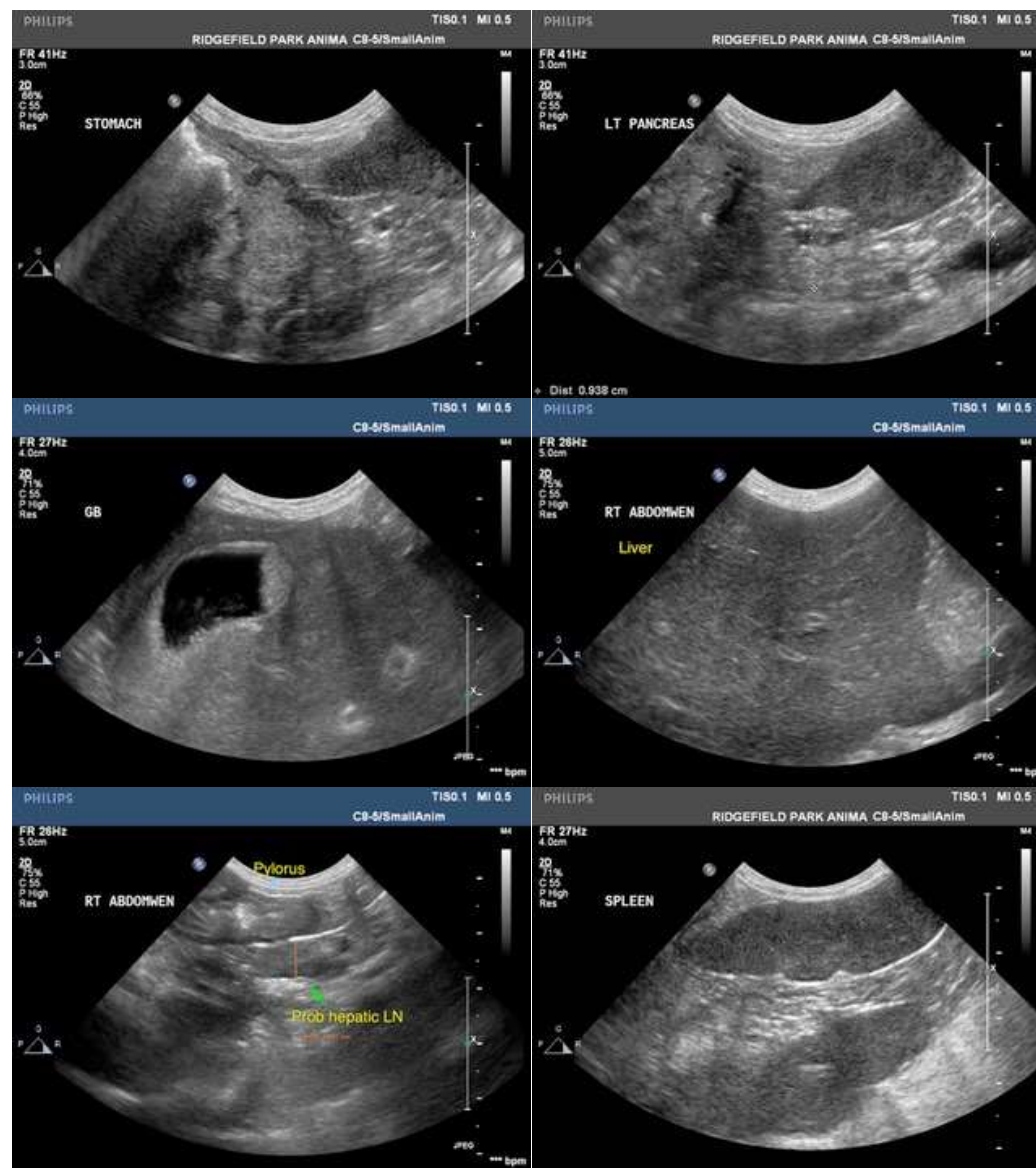
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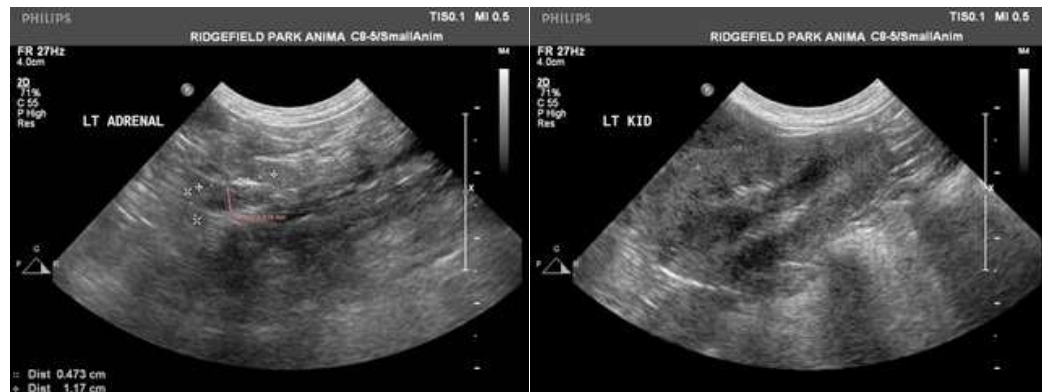
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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